





FILING DATE SERIAL NO. MULTIPLE DEPENDENT CLAIM APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED DEP. DEP. IND. DEP. IND. IND. IND. DEP. IND. IND. DEP. -31--81-TOTAL TOTAL TOTAL DEP. TOTAL DEP. TOTAL